SEP 3 TRADEMENT

,	Please type a plus sign (+) inside this box + PTO/SB/01 (10-00) Approved for use through 10/31/2002. OMB 0651-00								
Š	Please type a plus sign (+ Under the Paperwo	ork Reduction Act of 1995, no person	ons are required t	U.S. Pa o respond to a colle	tent and Trademark (Office: U.S. DEPARTM	ENT OF COMMERCE		
	DECLARATION				cket Number	DEP5249			
		AND POWER OF ATTORNEY			Inventor	Sutton et al.	Sutton et al.		
ı	FOR UTIL			COMPLETE IF KNOWN					
		CFR 1.63)	ırcharge	Application	Number	10/826,186			
	Declaration Submitted wit Initial Filing	OR Initial Filing (Su		Filing Date	<u>.</u>	April 16, 2004			
		(37 CFR 1.16(e)		Group Art U	nit_	3738			
			Examiner N	ame	_				
	As a below named invento	r, I hereby declare that	t:						
	My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:								
	Intervertebral Disc with Monitoring and Adjusting Capabilities (Title of the Invention)								
	the specification of which								
l	is attached hereto								
l	OR								
	was filed on (MM/DD/YYYY) 04/16/2004 as United States Application Number or PCT International Application Number 10/826,186.								
	I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.								
	I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application. I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.								
	Prior Foreign Application Number(s)	Country		Filing Date D/YYYY)	Priority Not Claime		tified Copy ttached? SNO		
Ĺ	Additional foreign applied	cation numbers are liste	d on a suppl	emental priori	ly data sheet P	TO/SB/02B atta	ched hereto:		

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DECLARATION - Utility or Design Patent Application											
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.											
Application Number(s)	Filing Date (MM/DD/YYYY)										
		Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.									
I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as											
the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner											
provided by the first paragraph of Title 35,	United States Code, §112, I acknowledge th	e duty to disclose material information as									
	ations, §1.56(a) which occurred between the										
national or PCT international filing date of		3									
Application Serial No.	Filing Date	Status									
		Patented Patented Patented									
I hereby appoint:											
Place Customer Number ■ O00027777 → Number Bar Code											
AND		Label Here									
AND											
Practitioner(s) named below: Name Registration Number											
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.											
Address all telephone calls to Tom DiMauro at telephone number (508) 880-8401.											
Customer Number Direct all correspondence to:											
Name:											
Address:											
Address:											
City:	State:	ZIP									
Country	Telephone:	Fax:									

SEP 1 3 2004 US

NAME OF FOURTH INVENTOR:

hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor Given Name **Family Name** (first and middle [if any]) Jeffrey Karl or Surname Sutton Inventor's Signature Residence: City Medway State MA Country US Mailing Address 6 Longmeadow Lane Medway State MA **ZIP** 02053 Country US I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor Given Name **Family Name** (first and middle [if any]) Edward John or Surname Crowe Inventor's 7-6-04 Signature Residence: City Cohasset State MA Country US Mailing Address 16 Stanton Lane **ZIP** 02025 Cohasset State MA Country US I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. NAME OF THIRD INVENTOR: ☐ A petition has been filed for this unsigned inventor. Given Name **Family Name** (first and middle (if any)) Kristy Lynn or Surname Davis Inventor's Signature Date Residence: City Smithfield State RI Country US Citizenship US Mailing Address 29 Maureen Drive City Smithfield State RI ZIP 02917 Country US I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) Michael		Family Name or Surname O'Neil						
Inventor's Signature	al-			Date 7	6	04		
Residence: City West Barnstable	State RI	State RI		Country US		CitizenshipUS		
Mailing Address 121 Lombard Avenue								
City West Barnstable	State MA		ZIP 0			try US		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.								
NAME OF FOURTH INVENTOR: A petition has been filed for this unsigned inventor								
Given Name (first and middle [if any]) Richard Family Name or Surname Pellegrino								
Inventor's Signature				Date 7/	16/	64		
Residence: City Upton	State MA	<u> </u>	Count	ry US	Citize	nshipUS		
Mailing Address 29 Dairy Drive								
City Upton	State MA			ZIP 01568		Country US		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.								
NAME OF FOURTH INVENTOR:	☐ A p	etition has	s been fil	ed for this unsigne	ed inven	tor		
Given Name (first and middle [if any.]) Hassan Family Name or Surname Serhan								
Inventor's Signature	<u></u>			Date 7	16-1	104		
Residence: City Easton	State MA	State MA		Country US		CitizenshipUS		
Mailing Address 27 Forest Edge Lane								
City Easton	State MA	State MA		ZIP 02375		Country US		

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